4 July 2012

NHS Commissioning Assembly
c/o Quarry House
Room 1N12A
Quarry Hill
Leeds
LS2 7UE

Tel: 0113 254 5347

FAO: The senior clinical lead in each CCG

Dear Colleague

BUILDING EFFECTIVE RELATIONSHIPS BETWEEN CCGs AND THE NHS COMMISSIONING BOARD

Our success as commissioners in improving outcomes for patients will be determined to a large extent by the relationships which are formed between clinical commissioning groups and the NHS Commissioning Board (NHSCB), both at national and local level.

A group of emerging CCG leaders and the executive team of the NHS Commissioning Board Authority have been working together to identify proposed key principles on which this relationship will depend and a proposal for a practical approach to this joint working. This thinking builds from the discussions at the December/January workshops for CCGs, and has been tested more widely in informal discussions with CCG leaders during visits across the country.

As a group, we are now writing to invite you to become involved in the next steps, to help us agree how that relationship can and should be conducted for the benefit of the communities we all serve.

Our shared intent and framework

We have developed together a draft shared statement of our intent. This is attached at Annex A for your comments. It is designed to be a touchstone for our relationships, keeping us focused on what brings us together as commissioning leaders in the NHS. The intention is that we use this as the basis for the development of the NHSCB and relationships at a local and national level between CCGs and the NHSCB. So, for example, it could be used by local CCGs and local area teams to develop conversations about mutual expectations and behaviours.

To support this, and listening to emerging CCGs across the country, we also suggest it will be important to build a shared view of the different ways in which the relationships can operate. A draft framework is attached at Annex B for your comments.

The NHS Commissioning Assembly

The key vehicle to take all of this forward is a proposed NHS Commissioning Assembly with leaders from both CCGs and the NHSCB. The purpose and role of this would be:

- To create shared leadership at national level across all clinical commissioners, fostering the sense of 'one team' with joint responsibility for ensuring that clinically-led commissioning develops and flourishes
- To be the infrastructure through which CCGs and the NHSCB can co-produce national strategy and direction
- To be the mechanism through which CCGs can build consensus and have a common voice on key issues
- To be a learning network through which leaders of the NHSCB and CCGs can develop commissioning to be the best it can be
- To facilitate communication between leaders of the clinical commissioning system at a national level.

Our thinking is that the NHS Commissioning Assembly will include the lead clinician from every CCG in England and the body of directors of the NHSCB, including the local area team directors.

The current proposal is that the whole NHS Commissioning Assembly would meet once a year, as part of a learning event, while between meetings it would be supported by sophisticated web-based tools and digital technology which will enable regular, widespread and varied dialogue between all members. The people identified above would become part of the work carried out on behalf of the NHS Commissioning Assembly during the year.

It has also been suggested that the NHS Commissioning Assembly would be well placed to support the creation of learning networks, building on learning from the pathfinder phase, and also to support the sharing of expertise.

We propose the first Commissioning Assembly meeting could take place in late autumn 2012 and we look forward to working with you to take this forward.

Invitation to participate in shared work programme

As a group, following soundings from colleagues, we have identified a number of areas where we can work together to start building a strong relationship, in addition to the 'buddying' arrangements which several members of the NHSCB executive team have with individual CCG leaders and CCG leaders being part of the appointments process for the next round of NHSCB recruitment.

Early suggestions have highlighted the following immediate priority areas where we could begin to work together at a national level in order to support the development of clinical commissioning. These are:

- Quality
- Improving primary care
- Local relationships (between local area teams and CCGs, both through transition and post-authorisation)

- Incentives (including areas such as integrated care, choice etc)
- Financial strategy (including allocations)
- Strategy and innovation.

We are proposing that a series of standing or task and finish groups are established under the umbrella of the Assembly, to take forward work in these critical areas. These groups will include clinical leaders of emerging CCGs and the NHSCB and will make use of technology to support virtual working. Members will clearly define the scope of each piece of work to ensure it remains focused and makes effective use of everyone's time.

We would like to invite the clinical lead from any emerging CCG to join us in taking forward this initial shared work programme. If you have other areas of interest, please let us know. Over time, our ambition is to have a comprehensive database of individuals with a particular area of expertise or interest who can collectively work on similar areas of importance. Some may take a long-term lead on an area, such as finance, and their colleagues will be able to channel views through them. Others will be involved in helping to solve specific issues as they arise.

Conclusion

We very much hope you will take the opportunity to join us in shaping this important set of relationships, to ensure that going forward we work together effectively to secure the best possible outcomes for the communities we serve.

We would welcome comments by the end of July on the draft statement of shared intent and framework of relationships, and on the proposed NHS Commissioning Assembly. We would also invite you to get involved early, by participating in the proposed shared work programme.

Please send your comments and/or details of areas you would be interested in being involved in to: rachel.richards@dh.gsi.gov.uk

Yours sincerely

Dr Katie Armstrong
Coastal West Sussex CCG

Dr Tim Burke
North East and West Devon CCG

Dr Anand J Chitnis
Solihull CCG

Dr Amanda Doyle
Blackpool CCG

Dr Howard Freeman
London Clinical Commissioning Council and Merton CCG

Dr Derek Greatorex
South Devon and Torbay CCG

Dr Paul Husselbee
Southend CCG

Dr Peter Melton
North East Lincolnshire CCG

Sir David Nicholson
Chief Executive, NHS CBA

Dr Jim O'Donnell
Slough CCG

Dr Hugh Porter
Nottingham City CCG

Dr Darin Seiger
Nene CCG

Dr Ashwin Shah
Newham CCG

Dr Ali Tahmassebi
South Tees CCG

Dr Martin Whiting
North Manchester CCG

Dr Amr Zeineldine
Southwark CCG

ANNEX A

DRAFT STATEMENT OF SHARED INTENT BETWEEN CCGs AND THE NHS COMMISSIONING BOARD

As leaders of the new NHS commissioning system, emerging CCGs and leaders from the NHS CB Authority have a common purpose: to improve outcomes, to end inequalities and to deliver value for money. We share the same values - to secure the best possible health services for the population with care and compassion, free at the point of use, regardless of the ability to pay. We are committed to the NHS Constitution. By working together effectively as one team, whether commissioning for our local populations, or by cooperating nationally, we believe we can maximise our likelihood of success.

- Everything we do will be patient centred, outcomes focussed and striving for excellence.
- We will take responsibility for shared leadership of the commissioning system and believe that our success relies on our collective as well as individual successes. We will collaborate fully and ensure that our collective wisdom is used to best effect.
- We will value the different contributions we make, creating an adult to adult, mutually supportive relationship which is respectful of different perspectives and where we listen and hear all views.
- We will foster an environment where mutual learning and development can flourish.
- We will operate as one team in order to discharge this leadership, with transparency and trust. This will not undermine the need for a distinct and different approach with regard to the performance oversight of individual CCGs.

ANNEX B

DRAFT Framework for relationships between CCGs and the NHS Commissioning Board